# CENTERS FOR MEDICARE & MEDICAID SERVICES WAIVER LIST

NUMBER: 11-W-00030/1

**TITLE:** MassHealth Demonstration

**AWARDEE: Massachusetts Executive Office of Health and Human Services (EOHHS)** 

Under the waiver authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers are granted and shall enable Massachusetts to implement the approved Special Terms and Conditions (STCs) for the Massachusetts MassHealth Medicaid Section 1115 Demonstration. All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in this list, shall apply to the Demonstration project beginning July 1, 2005 through June 30, 2008, except that such requirements shall apply to expenditures made pursuant to the Expenditure Authority only to the extent separately described in the Demonstration document so titled.

#### 1. Statewideness

**Section 1902(a)(1)** 

To enable Massachusetts to provide managed-care plans or certain types of managed care plans, only in certain geographical areas of the Commonwealth.

## 2. Medicaid Eligibility and Quality Control

**Section1902(a)(4)(A)** 

To enable Massachusetts to employ a Medicaid Eligibility and Quality Control System which varies from that required by law and regulation. Massachusetts is required to receive annual approval from CMS for its alternative MEQC program.

## 3. Amount, Duration, Scope of Services

**Section 1902(a)(10)(B)** 

To enable Massachusetts to offer different services, based on differing managed care arrangements or on the absence of managed care arrangements.

### 4. Eligibility Procedures

Section 1902(a)(10)(A) and Section 1902(a)(10)(C)(I)-(III)

To enable Massachusetts to use streamlined eligibility procedures and include eligibility standards and requirements that differ from those required by law.

### 5. Disproportionate Share Hospital (DSH) Requirements Section 1902(a)(13) insofar

as it incorporates Section 1923(c)(1)

To enable Massachusetts to not make DSH payments in accordance with statutory requirements to hospitals after July1, 2005.

# 6. Financial Responsibility/Deeming

**Section 1902(a)(17)** 

To authorize Massachusetts to use for plan groups and individuals whose eligibility is determined under the more liberal standards and methods, eligibility standards and requirements that differ from those required under title XIX. This authority specifically exempts the Commonwealth from the limits under section 1902(a)(17)(D) on whose income and resources may be used to determine eligibility unless actually made available, so that family income and resources may be used instead.

To authorize Massachusetts to deem income from any member of the family unit (including any Medicaid eligible member) for purposes of determining income.

To authorize Massachusetts to provide coverage to the medically needy without offering a spend-down for pregnant women, parents, children ages 0-18, and the disabled, and to offer 1-month spend downs for people receiving community-based services as an alternative to institutionalization, and non-institutionalized persons who are receiving personal care attendant services at the onset of waivers.

#### 7. Freedom of Choice

**Section 1902(a)(23)** 

To enable Massachusetts to restrict freedom-of-choice of provider for MassHealth participants.

To enable Massachusetts to implement selective contracting requirements within the Primary Care Clinician Program, and for Anti-Hemophilia Factor drugs.

#### 8. **Reimbursement**

Section 1902(a)(32)

To enable Massachusetts to provide the following:

- a) a direct subsidy or reimbursement, including through use of a voucher, to low-income employees, or to insurers for the benefit of low-income employees to help enable these employees to pay for their share of medical insurance costs when their employers provide health insurance;
- b) a direct subsidy or reimbursement, including through use of a voucher, to unemployed persons, or to insurers for the benefit of unemployed persons to help enable those who are not eligible for other programs to purchase health insurance;

- c) a direct subsidy or reimbursement, including through use of a voucher, to selfemployed persons, or to insurers for the benefit of self-employed persons to help enable them to pay for the cost of health insurance; and
- d) reimbursement, through employer subsidies, to self-employed persons or to employers of individuals and families below a certain income level for a portion of the employers' cost of providing health insurance to such employees. Effective July 1, 2007, self-employed persons will no longer be eligible for such reimbursement.

## 9. **Retroactive Eligibility**

Section 1902(a)(34)

To enable Massachusetts to waive the requirement to provide medical assistance for up to 3 months prior to the date that an application for assistance is made.